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Bib Data Sheet

CONFIRMATION NO. 3902

<b>SERIAL NUMBER</b> 10/087,578	<b>FILING DATE</b> 02/28/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> WATSON-39632
<b>APPLICANTS</b> David A. Watson, Westwood, MA; <b>** CONTINUING DATA *****</b> <i>AA</i> THIS APPLN CLAIMS BENEFIT OF 60/272,722 03/01/2001 <b>** FOREIGN APPLICATIONS *****</b> <i>WATSON</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/04/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Signature</i> Acknowledged <i>Initials</i>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 40
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 26252				
<b>TITLE</b> Ingrowth preventing indwelling catheter assembly				
<b>FILING FEE RECEIVED</b> 592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	